

TRS ENROLLMENT MEMBER INFORMATION RECORD

Teachers' Retirement System of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

FOR TEACHERS' RETIREMENT SYSTEM USE ONLY

Comments: _____

Please Print or Type; No Initials

Name: _____
First Middle Given Last Maiden

Social Security Number: _____ - _____ - _____

Sex: ☐ Male
☐ Female

Status: ☐ Married ☐ Widowed
☐ Single ☐ Divorced

Date of Birth: _____ / _____ / _____

Address: _____
Street or P. O. Box City State Zip

Name of Spouse: _____ Spouse's Date of Birth: _____ / _____ / _____
First Middle Given Last

Position You Will Hold:

1 ☐ Teacher 3 ☐ Superintendent 5 ☐ Clerical 7 ☐ Maintenance 9 ☐ Mechanic
2 ☐ Principal 4 ☐ Administrative 6 ☐ Lunchroom 8 ☐ Bus Driver 10 ☐ Other: Specify _____

Have you ever worked for a state agency other than in public education? ☐ Yes ☐ No

Have you ever been a member of the Teachers' Retirement System? ☐ Yes ☐ No

Were you a member before you started this job? ☐ Yes ☐ No Have you ever withdrawn an account? ☐ Yes ☐ No

If the answer to any of the previous three (3) questions is yes, please complete the applicable columns listing the most recent employment first.

Employing Agency	City	Year	Under What Name	Date Terminated

I certify that I am not presently a member of any other state supported retirement plan in Alabama and have completed to the best of my knowledge and belief all statements and answers printed herein.

Signature of Member: _____ Date: _____

TO BE COMPLETED BY EMPLOYING AGENCY

Employing Agency: _____ Date of Employment: _____

Annual Contract Salary: _____ Number of Days Contracted: _____

Employer Signature: _____ %of Full Time: _____

Title: _____ Date Submitted: _____

Please type or print giving complete information.

DESIGNATION OF PRIMARY BENEFICIARY(IES)

I, the undersigned, do hereby designate the following individuals as my primary beneficiary(ies) to whom I instruct the Board of Control of the Teachers' Retirement System of Alabama to pay, in the event of my death before retirement on pension, any preretirement death benefit and/or group term life insurance payments due upon my death:

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

DESIGNATION OF CONTINGENT BENEFICIARY(IES)

In the event the primary beneficiary(ies) designated above does **not** survive me, I hereby authorize the Teachers' Retirement System of Alabama to pay the benefits to the beneficiary(ies) named below:

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____
Street or P. O. Box City State Zip Code

I agree on behalf of myself, my heirs and assigns that payment so made shall be a complete discharge of the claim and shall constitute a release of the System from any further obligation on account of the benefit. I hereby direct that should I survive either or both of the before mentioned beneficiaries, the amount which otherwise would have been payable to the beneficiary had he/she been living shall be paid to my estate or to such other beneficiary as I shall hereafter nominate by written designation filed with the Teachers' Retirement System of Alabama in accordance with the rules and regulations prescribed by the Board of Control.

Signature of Applicant _____ Date _____

Please have your signature acknowledged before a Notary Public.

STATE OF ALABAMA, COUNTY OF _____

On this ____ day of _____, 20 ____, personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the application are true.

Signature of Notary Public _____

(Seal)

My Commission Expires _____

DESIGNATION OF BENEFICIARY PRIOR TO RETIREMENT

In the event that you should die prior to your retirement, your benefit would be disbursed in one of the following ways:

- If you are *any age* with *25 or more years of service* or *over 60* with *10 or more years of service*, your benefit payable is a choice of:
 1. Option 3 monthly benefit (50% allowance) to designated beneficiary.
 2. Return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous scholastic year (July 1 – June 30).*
- If you are *under 60* between *1 and 25 years of service* or *over 60* between *1 and 10 years of service*, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to the salary on which the member made retirement contributions for the previous scholastic year (July 1 – June 30).*
- If you are *any age* with *less than 1 year of service* and the *death was job-related*, your benefit payable is the return of member contributions and total earned interest plus death benefit equal to annual earnable compensation of member at the time death occurs.*
- If you are *any age* with *less than 1 year of service* and the *death was not job-related*, your benefit payable is the return of member contributions and total earned interest plus matching death benefit which is limited to a \$5,000 maximum.

Note: If no individual has been designated as beneficiary, the appropriate lump sum payment will be made to the estate.

* If the death occurred more than 180 calendar days after the member's last day in pay status, or if the deceased had applied for a refund of contributions, or terminated employment, the lump sum payment would be the same as shown in the last example.